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Management Needs and Sustainability Assessment:  
Turkish Family Health and Planning Foundation

Family Planning Management Development (FPMD)  
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MANAGEMENT NEEDS AND  
SUSTAINABILITY ASSESSMENT:

TURKISH FAMILY HEALTH AND  
PLANNING FOUNDATION

Final Report

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Management Sciences for Health

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TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY .....	1
II.	BACKGROUND .....	2
III.	OBJECTIVES .....	3
IV.	METHODOLOGY .....	3
V.	FINDINGS .....	4
	A. <u>PROGRAMMATIC SUSTAINABILITY</u> (4)	
	1. Strategies for service delivery	
	2. Community and collaborative involvement	
	B. <u>INSTITUTIONAL SUSTAINABILITY</u> (8)	
	1. Logistics	
	2. Organizational structure and decision making	
	3. Planning and market research	
	4. Management Information Systems (MIS)	
	5. Human resources development	
	6. Service delivery support: quality assurance, IEC, and evaluation	
	C. <u>FINANCIAL SUSTAINABILITY</u> (17)	
	1. Accounting and finance systems	
	2. Audits	
	3. Financial status and trends	
	4. Specific strategies for financial sustainability	
VI.	RECOMMENDED NEXT STEPS .....	21
ANNEX 1	.....	23
	Individuals Contacted (23)	
	Schedule of Meetings (23)	
ANNEX 2	.....	25
	Table: Source and Value of Commodities, and Fees Charged (27)	
	Table: Trends in Contraceptive Acceptance (28)	
	Table: Personnel Providing Services (30)	
	Table: Services Provided (31)	
	Table: Contraceptives Dispensed (32)	
ANNEX 3	.....	33
	Table: Financial Sustainability (35)	

ANNEX 4 .....	37
Balance Sheet (37)	

## SUMMARY OF RECOMMENDATIONS

Accounting and finance systems .....	17
Human resources development .....	13
Logistics .....	9
Management information systems .....	12
Organizational structure and decision making .....	10
Planning and market research .....	11
Programmatic sustainability .....	8
Service delivery support .....	16

## **I. EXECUTIVE SUMMARY**

The Turkish Family Health and Planning Foundation's (TFHPF) service delivery strategy focuses on expanding family planning (FP) service access and quality in the private sector. It is currently implementing four major project activities, all of which build upon prior year's projects: The Reproductive Health Network Project funded by The Futures Group (SOMARC Project); the Safe Motherhood Project funded by UNFPA under a subcontract from the Ministry of Health (MOH); two private clinics in Istanbul which are increasingly self-sustaining; and periodic technical assistance in support of family planning (FP) services at factory-based clinics which are not currently funded by an international donor. In addition, the Foundation hopes to "revive" its Migrant Workers project in three Eastern provinces this or next year.

Both the Executive Director (ED) and the Board of Directors (BOD) are nationally and internationally recognized business leaders. This makes the TFHPF possibly the most influential NGO capable of implementing advocacy programs and influencing policy reform in Turkey for family planning and reproductive health. The BOD and ED have a combined capability to continue to position the TFHPF as a leader in its field, and equally important, to prepare the TFHPF for being significantly financially sustainable within the next two years.

There are a couple of vacancies or potential vacancies that the ED would like to fill. In addition, the ED feels there is a need for a Deputy Director to assist with the coordination and running of operations. This is recommended given the fact that the ED is considerably involved in other activities such as fund raising, policy change, and international activities. This would also make the organization more sustainable in the long run, since if TFHPF is to continue to grow, it will need to free up the ED for chief executive officer responsibilities in order to ensure that new projects are started as hoped. (Note: since the assessment was conducted, the ED has named the Medical Coordinator and Director of the FP Department as Deputy Directors. The ED plans to recruit an executive assistant to assist him with administrative matters.)

For the first time in its history the TFHPF is developing a three-year strategic plan. The Foundation is undertaking strategic planning, as it is aware that this is a critical period where a change in strategy may be necessary for continued long-term viability—both for programmatic and financial reasons.

Concerning the financial aspects of the TFHPF, it would be desirable to get commitments from external donors for a longer time period so that the Foundation is not dependent on two-year time frames. TFHPF is aware of this, as well as of the fact that without exception, all of its donations from external donors are on this short time limit and are not committed beyond 1996, at least at

this time. This is one of the Foundation's primary motivations for developing the three-year strategic plan.

The TFHPF's future strategies for financial sustainability are well thought out and clearly focused. They want to expand clinic operations to generate money, continue expanding their joint venture in commercial marketing, and double the amount of funding they currently have to establish a permanent endowment fund.

Expanding the mix of services offered at the clinics in order to experiment with increasing this base of revenue is an important next step. To assist the Foundation with this strategy they should learn about the experience of other NGOs in other countries who have had several years of experience in this field. Provision of technical assistance by one or more NGOs is strongly recommended.

The development of the endowment fund in order to be able to provide security for key staff who can plan and coordinate future and/or new activities is a unique and comparatively innovative direction to take for a NGO that receives external donor funds. PROFAMILIA/Colombia has a wealth of experience that could, and should, be shared with the TFHPF on this subject.

One hopes external donors will see the merits of contributing to such a program either directly or through provision of technical assistance. Although such support of an endowment does not offer immediate services to the public, it is a long-sighted way to contribute to the future of a successful family planning program in an environment that may be facing proportionately less funding for these activities.

There are a number of other recommendations concerning programmatic and institutional sustainability which are highlighted in this report.

## **II. BACKGROUND**

The Family Planning Management Development (FPMD) Project was requested by USAID/Ankara and USAID/Washington to undertake management needs and sustainability assessments of three NGOs: The Turkish Family Health and Planning Foundation (TFHPF), the Family Planning Association of Turkey (FPAT), and the Human Resource Development Foundation (HRDF). It should be noted that the FPAT does not currently receive funding from

USAID. HRDF and TFHPF receive funding for discrete project activities through USAID-funded Cooperating Agencies (CAs) working in Turkey.

FPMD is a world-wide, USAID centrally-funded project implemented by Management Sciences for Health. FPMD works at the regional, national, and local levels throughout Europe, the Near East, Africa, Asia and Latin America. The project provides management assistance to national family planning programs and organizations, both public sector and non-governmental, to improve institutional and managerial effectiveness for the provision of high-quality family planning services. FPMD's approach to organizational development is built on extensive experience, which includes the provision of technical assistance to family planning organizations in over 30 countries. The project's technical areas of expertise include: strategic planning; business planning; operational work planning; financial and human resource management; management information systems; coordination and collaboration between the public and private sectors; and program evaluation.

### **III. OBJECTIVES**

The management needs and sustainability assessment undertaken in collaboration with the TFHPF is the first step in addressing the program outcomes and indicators for the NGO sector identified in the USAID five-year country strategy for Turkey. The specific objectives of the assessment were to:

1. Prepare a set of findings and recommendations regarding TFHPF management systems and structures;
2. Jointly identify activities for the next 2-4 years designed to build on the TFHPF's strengths, and contributions to the National Family Planning Program; and
3. Within these recommendations and strategic activities, address the issue of the TFHPF's programmatic, institutional and financial sustainability. This includes recommendations as to where possible future support from USAID would be appropriate.

### **IV. METHODOLOGY**

The management needs and sustainability assessment was undertaken over full or partial days during the period 12-20 June 1995 by Roy Brooks, MSH Consultant in Health Finance and Management, and Alison Ellis, Regional Director, Asia/Near East, FPMD. The team undertook the following activities:



1. Prior to their arrival in Turkey, the team reviewed general background documents on the relevant economic, social and demographic indicators of development and the current status of family planning and reproductive health in Turkey. It also reviewed a summary background document provided by the TFHPF, namely its 1992-93 Report of Activities.
2. The team conducted a series of interviews with key TFHPF personnel, including two Board members, the Executive Director, Finance Manager and project staff. Through the review of selected documents and meetings with staff, the team gathered information concerning:
  - An overview of the TFHPF, including: history and current operations; facilities and equipment; services offered (e.g., family planning, other reproductive health, other health), information on service providers and referral systems; public education, motivation, and advocacy activities; organizational goals, policies, and strategies; organizational structure and decision-making; finances, including systems for resource allocation and costs of services; community involvement/public relations activities;
  - The team also gathered information on key program management, and management support systems in place, including: planning (both program planning and planning for financial sustainability [e.g., fundraising]), logistics, human resource development and management, financial management, management information systems, quality assurance and evaluation systems.
3. Ms. Ellis conducted field visits to two TFHPF clinics in Istanbul. These clinics (Gungoren and Fikirtepe) are referral sites for Safe Motherhood Project activities funded by UNFPA under a subcontract from the Ministry of Health (MOH). She met with the Clinic Nurses/Project Coordinators at both sites, as well as briefly with a community worker at one clinic.

See Annex 1 for the list of contacts.

Mr. Brooks and Ms. Ellis used questionnaires they developed to generally guide the interviews. Data collection was also guided by TFHPF's completion of forms prepared by the team.

On the basis of the team's review of documents, interviews with key TFHPF personnel, and field visits to project sites, the team:

- analyzed the strengths and weaknesses of the TFHPF in terms of its management systems and structures, within the context of its own priorities and needs, the priorities and needs of the Turkish national family planning program, and the TFHPF's achievements with respect to programmatic, institutional, and financial sustainability;
- formulated recommendations to strengthen the TFHPF's overall programmatic, institutional and financial sustainability; and
- recommended appropriate actions and strategies for addressing identified needs and weaknesses in TFHPF management systems and structures to the Executive Director, Finance Director and Istanbul-based project staff.

## **V. FINDINGS**

### **A. PROGRAMMATIC SUSTAINABILITY**

#### **1. Strategies for service delivery**

The TFHPF's service delivery strategy focuses on expanding family planning (FP) service access and quality in the private sector. It is currently implementing four major project activities, all of which build upon prior years' projects: The Reproductive Health Network Project funded by The Futures Group (SOMARC Project); the Safe Motherhood Project funded by UNFPA under a subcontract from the Ministry of Health (MOH); two private clinics in Istanbul which are increasingly self-sustaining; and periodic technical assistance in support of FP services at factory-based clinics which are not currently funded by an international donor.

The Reproductive Health Network is in the early phases of implementation. A direct outgrowth of the TFHPF's successful collaboration with SOMARC in social marketing of pills and condoms, the goal of this new project is not just to market products, but to market reproductive health services in the private sector by organizing a network of reproductive health (RH) care and FP service providers among existing private sector health care units. Project objectives include: increasing the number of private providers offering RH services; increasing the importance of FP in network providers' private practices; improving the range of methods, consumer knowledge and awareness; and "transitioning" clients that can afford to pay to the private sector.

The Reproductive Health Network is beginning in two pilot regions in Istanbul covering approximately 1.5 million- 2 million middle and low income people. The network will include approximately 15 general practitioner (GP) and 15 obstetrician/gynecologist (ob/gyn) practices, 15 polyclinics, 3 private hospitals, and 50 pharmacies. Services expected to be made available from these providers include: FP counseling; pills, IUDs, condoms, male and female sterilization, and injectables and Norplant®, the latter when registered by the MOH; breast exam and pap smears; and referrals.

Criteria for participation in the Network by providers include: participation by practitioners and pharmacists in a training program organized by the Network covering marketing and training in clinical methods; and commitment to counseling, client follow-up, and quality of care. Providers must also adhere to the Network's guideline for maximum pricing, attend the training seminars and Network meetings, display Network logo/name and promotional materials, and collaborate in any quality assessments and monitoring activities undertaken by the Network. SOMARC has prepared a contract which providers must sign covering the terms and conditions for participation in the network.

The project is being jointly implemented by the TFHPF, AVSC, and Marketing Services (MS) via subcontracts from the Futures Group SOMARC Project. The TFHPF is responsible for visiting and marketing the Network idea with the various private practitioners, including advertising. The Foundation has been provided with a scope of work for its areas of responsibility. AVSC is responsible for assessments of the providers' service quality, and MS for developing and conducting the training seminars. The TFHPF has developed the logo for the network and is in the process of developing promotional materials. Potential network providers have been contacted by the TFHPF, and AVSC will shortly undertake the quality assessments. Pricing guidelines have not been determined as yet, but will be guided by the minimum price for services set by the Turkish Medical Association.

While funding for SOMARC's previous social marketing program with the TFHPF has ended, the Foundation continues to earn income through its agreements with pharmaceutical companies for the sale of low-dose pills and the "OK" condoms. Further information on income from sales and the success of this program is discussed in the section on financial sustainability.

The TFHPF operates two clinics in Istanbul established in 1989 and 1990 with assistance from John Snow International (JSI) and Pathfinder International (PFI). The Safe Motherhood Project initiated by the TFHPF in early 1995 with funding from UNFPA under a subcontract from the MOH is being implemented in catchment areas served, in part, by these clinics. The clinics are

staffed by medical personnel paid by the TFHPF (e.g., GP, part-time ob/gyn, nurse) and offer a range of FP and reproductive health services. The Gungoren clinic has a full-time pediatrician and also offers services for children. With the exception of laboratory tests, services are provided at half-price for clients referred by community workers under the Safe Motherhood Project. For example, an IUD costs 400,000 TL at the clinic, but 200,000 TL for referred clients. Clinic staff estimate that approximately 40% of women referred by the community workers can afford to pay for services. Those that cannot pay are referred to MOH Health Units and other referral points, e.g. Istanbul University Family Planning Unit. The clinics report a doubling in their caseloads, especially among lower income clients from the Safe Motherhood Project catchment areas. In addition to referral to the Foundation's clinics, clients are referred to MOH Health Units (a total of four serve each of the Project's two catchment areas), MOH and SSK hospitals, and the Family Planning Unit (FPU) at Istanbul University. The Foundation has strong and effective linkages with the FPU and has arranged for clinical FP/RH services to be provided at no or low cost. Linkages with MOH Health Units, and MOH and SSK hospitals are more problematic. The Medical Coordinator and Project Nurse Coordinators advise that these facilities do not have adequate capacity to manage referrals due to lack of or poorly trained personnel, and other weaknesses in quality of care, for example, long waiting times for appointments for service, and a perception on the part of clients of poor quality of care.

The Safe Motherhood Project has a detailed work plan developed by the Medical Coordinator, who is the project manager.

The TFHPF's project with factory-based clinics is limited to periodic technical and material (e.g., commodities, brochures, etc.) assistance to 20 factories, collection of statistics on FP services, and collaborative evaluation of program progress. See the "Logistics" section for additional information.

Annex 2 provides summary tables concerning the mix of services provided by the TFHPF.

In addition, the Foundation hopes to "revive" its Migrant Workers project in three Eastern provinces this or next year. It intends to submit a proposal for funding to the UNFPA. The project involves the provision of primary health care services, including FP, to migrant workers in this region via mobile health teams.

With the support and active involvement of selected Board members, for the first time in its history the TFHPF is developing a three-year Strategic Plan. The team was able to participate in discussions regarding strategic options and directions for the Foundation. The TFHPF recognizes

that it is at a crossroads. It has achieved significant accomplishments in the past, especially its information, education, and communication (IEC) campaigns using various media, and the social marketing program. It has contributed in significant ways to FP knowledge and awareness among service providers and the general public, in both the public and private sectors. The challenge for the future is for the Foundation to identify appropriate strategies and activities which capitalize on its accomplishments and technical abilities, while maintaining its focus on the private sector and continuing to build financial resources to assure future sustainability. See the section on "Planning and Market Research" below for additional discussion of strategic options being considered by the TFHPF.

## **2. Community and collaborative involvement**

The Foundation's contacts in the private sector, through its Board and current/prior social marketing activities (e.g., pharmacists) are strong. It also has collaborative relations with FP NGOs (e.g., collaboration and participation in training workshops, policy-related activities, provision of commodities to NGO projects) and university-based trainers and providers. For example, the MOH/Istanbul University training team assisted in training the TFHPF's Safe Motherhood Project community workers in communications skills. It also actively contributes to national and international meetings, e.g., Cairo Population Conference, UN Conference on Women in Beijing. Moreover, the Foundation's clinics address the reproductive health needs of families in the communities served, and the Safe Motherhood Project draws upon community workers from the catchment area communities. With TFHPF financing and partial support from the UNFPA, the TFHPF is planning a workshop on "FP and the Legacy of Islam" for the fall. This workshop may contribute in significant ways to proactively addressing recently heightened religious barriers to acceptance of FP, particularly among low income clients served by the Foundation, other NGOs, and the MOH.

### *Strengths*

- The TFHPF has strong, technically competent management staff at the Central Office and in the field projects visited. Staff have the range of technical skills (e.g., medicine, marketing/advertising, IEC, project management, information systems) necessary to implement and supervise project activities undertaken by the Foundation.
- Staff are committed to the Foundation's goals and to identifying appropriate future strategies for its work in the private sector.

- The Foundation is embarking upon the development of a 3-year strategic plan.
- The TFHPF continues to take a leadership role in introducing strategies to expand access and quality of FP/RH services in the private sector. While in its early stages of implementation, the Reproductive Health Care Network has great potential for programmatic sustainability. Its two private clinics, especially the Gungoren clinic which covers on average 50% of its costs annually, are quite sustainable. The clinics' participation in the Safe Motherhood Project as referral points will likely lead to increased revenues this year.

#### *Areas for Improvement and Recommendations*

- The Reproductive Health Network is a pilot project, with various project implementation functions subcontracted to several organizations. Placement of responsibility for quality of care and adherence by Network providers to the Project's standards and guidelines over time is not yet clear. The Foundation is greatly concerned about the assurance of quality of care. The TFHPF plans to pursue discussions with SOMARC to gain further clarity on its role and responsibilities, those of partner agencies, as well as responsibility for quality of care issues.
- It is suggested that the Foundation strengthen its linkages with MOH and SSK referral sites through regularly scheduled meetings to review service delivery problems and constraints in management of referrals from the Safe Motherhood Project.

## **B. INSTITUTIONAL SUSTAINABILITY**

### **1. Logistics**

The Medical Coordinator at the Central Office maintains simple manual records on the quantities of commodities distributed to various projects (i.e., private clinics, factory-based clinics). The Foundation's currently available supplies were obtained in previous years from UNFPA and are housed at a warehouse. The team did not visit the warehouse. The Foundation uses a commercial shipping company to send supplies to the factory projects. Supplies for Istanbul-based projects are hand delivered. Among the Foundation's available supplies, there are no more spermicides, but a significant quantity of pills, condoms, and IUDs are stored at the warehouse. While the Foundation maintains a manual system for commodities distributed to projects, data on

commodities dispensed by projects are computerized. The Medical Coordinator was able to generate yearly totals for commodities dispensed, by type and project, with ease.

The Safe Motherhood Project and factory-based projects submit monthly written reconciliation forms for commodities available, dispensed, and balance, by commodity, and submit a written request for additional supplies when needed. This data is entered into a Central Office computer by the Medical Coordinator. (See the "MIS Section" for additional information.) The Safe Motherhood Project tracks the quantities of commodities held and distributed by community workers. This data is reviewed weekly by the Nurse/Project Coordinator, and submitted monthly to the Central Office. Systems at the project level are manual.

Every service delivery project has written guidelines for procurement and maintenance of inventory. The TFHPF central office and its clinics conduct regular physical inventories and maintain up-to-date stock cards. There were no reported problems with the availability of supplies from the project sites visited.

### *Strengths*

- There are systems (manual) of record-keeping at the project level to track and control supplies held by community workers and available to the projects, and to track at the Central Office (computerized). The Foundation is aware that these clinic-based systems, as well as systems for tracking service delivery performance would be more effective if they were computerized. The TFHPF plans to eventually make computers available to the two clinics. The Medical Coordinator has the technical ability to replicate systems used at the Central Office at the two clinics. (Note: since the assessment was conducted, the TFHPF has provided computers to the two Istanbul clinics. Client records have not yet been inputted and other aspects of the clinic-based MIS have not yet been developed.)

### *Areas for Improvement*

- Since distribution of commodities is an essential component of most of the TFHPF's current projects, it is strongly suggested that a source(s) of supply for commodities be identified. This especially urgent in the case of spermicides as the Foundation has no more supplies.

- TFHPF should consider developing a strategy for reliable free or low cost sources of supply in the event that future supplies from UNFPA or other donors are no longer available or quantities available are reduced in the future.
- It is recommended that the TFHPF computerize its inventory and distribution records, and document procurement, inventory maintenance, distribution, and recording/reporting systems through the development of a simple procedures manual.
- Maintenance of the logistics system, especially data input functions should be delegated to a secretary/administrative assistant already on staff, with the Medical Coordinator undertaking task supervision.

## **2. Organizational structure and decision making**

The Foundation is staffed by 27 people and operates in a highly decentralized fashion. The Executive Director (ED) works hard at hiring highly qualified people, and then once hired, gives them as much authority and autonomy for running their designated operations as possible. Directors of departments are expected to resolve problems within their department, develop innovative ideas, and come to the ED when they have tangible proposals in mind.

Feedback to employees is almost on a daily basis. The ED feels that bi-weekly management meetings would be desirable, but given the size of the central office, he finds it better to talk to staff on a daily basis and encourage face-to-face discussions. This minimizing of routine meetings actually appears to encourage and facilitate lines of communication.

The Board of Directors (BOD), particularly at the Executive Board level, is represented by some of the most influential businessmen in Turkey. In addition, it is well represented in other areas of expertise, including a statistician, an accountant, an economist, and a contractor. The BOD is extremely successful in obtaining private funding for the organization. This is discussed further in the finance section of this report.

The BOD, in combination with the Executive Director who is known on an international level, have a powerful potential to possibly influence national policy change and family planning advocacy in Turkey. The ED is currently being provided technical assistance from selected Board members to help in strategic planning as well as other policy areas.



### *Strengths*

- Both the Executive Director and the Board of Directors are nationally and internationally recognized as leaders in their fields. This makes TFHPF possibly the most influential NGO for advocacy programs and policy reform in Turkey for family planning and reproductive health.
- The BOD and ED have a combined capability to continue to position TFHPF as a leader in its field, and equally important, to prepare TFHPF for being significantly financially sustainable within the next two years (see sustainability section below).

### *Areas for Improvement and Recommendations*

- Due to the executive positions of many of the board members, it is sometimes difficult for them to free up time from their work in order to participate on the board at a meeting level. For this reason, the ED and the Chairperson of the Board are working on the development of a type of advisory committee consisting of three board members who can provide more assistance to the ED when policy decisions have to be made.
- There are a couple of vacancies or potential vacancies that the ED would like to fill. In particular, the ED and BOD are currently reviewing how the IEC, logistics and MIS functions will be coordinated. Obviously, the availability of core funds needs to be considered, but one possibility is to hire a Deputy Director to have the dual role of assisting with the overall operations of the Foundation as well as coordinating specific departments, such as MIS, IEC and logistics/social marketing. It is recommended that if financially possible, TFHPF continue to pursue the hiring of an additional person at the central level, particularly as it strives to expand its local sources of operating income. (Note: since the assessment was conducted, the ED has named the Medical Coordinator and Director of the FP Department as Deputy Directors. The ED plans to recruit an executive assistant to assist him with administrative matters.)

### **3. Planning and market research**

The Annual Plan for the TFHPF is extremely well thought out, presented every year to the BOD, and is accompanied by a detailed program budget. It is widely distributed not only to board members and staff, but to other national organizations as well. It is publicized in the Annual Report, which has also been useful as a powerful fund-raising promotional tool.

As mentioned in the programmatic section above, for the first time in its history the TFHPF is developing a three-year strategic plan. The Foundation is initiating strategic planning as it is aware that this is a critical period where a change in strategy may be necessary for continued long-term viability. Some of the possible strategies discussed include: taking the lead in marketing Depoprovera and Norplant® once these methods are registered by the Ministry of Health (MOH); expanding the array of services offered by its private clinics in Istanbul, and possibly developing one clinic (Gungoren) into a training site; expanding service delivery and specialized IEC programs to other underserved areas, especially in the East and Southeast including its service delivery approach to migrant populations and replicating the Safe Motherhood community-based model.

The team also discussed the extent to which the Board can contribute to policy formation and more rapid implementation of pending policy decisions through its powerful political connections. The three-year plan will be developed and perhaps finalized over the next few months.

#### *Areas for Improvement and Recommendations*

- The annual plan is well done at the programmatic level. However, it should eventually be brought more tangibly to the individual level so that each member of the organization has a specific set of tasks to accomplish in order to ensure that the entire work plan for the year is carried out. This does not pose a problem at the moment, but the initiation of this process will become more important as TFHPF continues to grow.

### **4. Management Information Systems (MIS)**

The Medical Coordinator is adept in computers and has developed an effective and comprehensive computerized MIS system using a Lotus program. He receives and inputs service statistics data on a monthly basis from the clinics, the Safe Motherhood Project, and factory-based projects. He also maintains data on the number of referrals and outcome of referrals by service

site, that is, whether or not the MOH Health Unit, hospital, etc. provided the service. He has other files which maintain data on the TFHPF clinics' annual expenses and revenue, and percentage of annual cost covered by local revenue. Data are used for project management and reporting, monitoring, evaluation, development of program strategies, and problem solving.

### *Strengths*

- A comprehensive data collection, reporting, and recording system is in place. It is computerized and provides easy and timely access to information. Information is used for decision-making.

### *Areas for Improvement and Recommendations*

- Data input functions should be delegated to a secretary/administrative assistant already on staff, with the Medical Coordinator undertaking task supervision.
- As noted above and as the Foundation is contemplating, manual record-keeping maintained at the project level, especially by the two Istanbul clinics, should be computerized to decentralize monitoring responsibility to the Nurse/Project Coordinators.
- As noted above in the Logistics section, it is advisable for reporting and recording procedures to be documented in the form of a simple procedures manual.
- Computer technical support should be provided on a contractual basis as needed if at all possible. This might also be accomplished by sending one of the administrative employees to training courses on more advanced uses of software and computer equipment—an investment that might be well worth it when considering the opportunity cost of staff time.

## **5. Human resources development**

Similar to many NGOs in Turkey, the number of employees at TFHPF has been quite variable, depending on what external funding and related projects are available. This has resulted in hiring almost all staff for specific projects, all of which are for finite periods averaging two to three years, which in turn has precluded the need (and funds) for a human resources department. The Foundation, however, is positioning itself for continued expansion, and the TFHPF is aware that it will have to "formalize" more of its human resources activities in the near future.

Annual evaluations, job descriptions, and raises are all overseen by the Executive Director. Although individual annual evaluations are not in writing, they are provided verbally at least two times a year; raises are based on merit and provided on an individual basis once a year (December) based on performance. Particular attention is paid to the performance of service providers. A "warning system" is being developed in the event that clients might not be satisfied with a provider. Salaries are continually analyzed in relation to comparable salaries of other organizations. For example, the Foundation tries to maintain salaries at least 20-30% above those of MOH levels.

Staff turnover is extremely low, and given the size of the organization, turnover statistics are not maintained. However, the ED knew from memory that four of the 27 employees left last year, and only one went to accept another position elsewhere (unless one counts the individual who went into the military).

There is a "caring" atmosphere among the staff. It is almost a type of family atmosphere where everyone is concerned about each other. This also engenders a good dialogue among the staff.

#### *Areas for Improvement and Recommendations*

- As TFHPF builds up core monies, it will also continue to increase the percentage of long-term employees. This will necessitate the development of specific human resource activities with a person other than the ED responsible for overseeing these activities. Some of the activities might include a review and formalization of job descriptions, personnel evaluations, and individual training and development plans. In the meantime, although the organization may not be large enough to have a Human Resources Department it would be desirable to have another individual other than the ED responsible for this function in order to provide a focus and not impede on other important tasks of the ED. (Note: since the assessment was conducted, the ED has delegated responsibility for such human resource functions to each department head, who will make recommendations to the ED for his approval.)
- As the organization grows, the ED would like to formalize the employee evaluation process more in order to continue to guarantee that the employees feel it is a fair and objective process.
- The ED feels there is a need for a Deputy Director to assist with the coordination and running of operations. This is recommended given the fact that the ED is considerably

involved in other activities such as fund raising, policy change, and international activities. This would also make the organization more sustainable in the long run, since if TFHPF is to continue to grow, it will need to free up the ED for chief executive officer types of responsibilities in order to see that new projects are started as hoped. (Note: since the assessment was conducted, the ED has named the Medical Coordinator and Director of the FP Department as Deputy Directors. The ED plans to recruit an executive assistant to assist him with administrative matters.)

## **6. Service delivery support: quality assurance, IEC, and evaluation**

Recent training activities have been confined to training of community workers for the Safe Motherhood Project. The TFHPF developed a two-week theoretical training curriculum. The Medical Coordinator and a training team from Istanbul University were primarily responsible for training. Selection of the community workers was linked to their performance during training. The Medical Coordinator initially interviewed 100 candidates for these 20 positions, 10 community workers per catchment area. Of these, 36 were selected for training. Selection criteria included: the women must live in the project area; be educated through the middle school level; married with children; good communication skills; housewife (or not currently employed part-time elsewhere); and of reproductive age. Following the two-week theoretical training, 30 candidates were selected. This was followed by a one-week practical training by the clinic nurse/Project Coordinators and clinic physicians during which the candidates conducted house visits. At the end of the practical training, 20 finalists were selected. The remaining 10 are being "held in reserve" in the event of turnover.

Overall supervision of the Safe Motherhood Project and of the two private clinics is the responsibility of the Medical Coordinator. On-site supervision of the community workers' activities is the responsibility of each of the two clinics' Nurse/Project Coordinators. The Medical Coordinator meets with the Nurse/Project Coordinators weekly and with the community workers monthly. As mentioned above, he also receives and reviews monthly service statistics. It is not known what other supervisory activities he undertakes, whether supervision procedures are written, nor whether formal memoranda or follow-up letters are prepared for the clinics. However, it appears that communication between the Central Office and field-based projects is good, and the Medical Coordinator is knowledgeable regarding field-based activities, progress, and problems.

The Safe Motherhood Project has good project management and supervision systems. The systems include:

- Administration of a questionnaire to a sample of 702 potential clients in the Project's catchment areas. This was contracted to an outside firm. The survey yielded extensive data on community conditions and needs, on socio-economic conditions, FP/RH knowledge, attitude and practice, etc. The Project aims to inform and educate a target population of 10,000 women, of which it hopes to have 3,000 new users of effective methods and 2,000 continuing users.
- Weekly workplans for community workers are prepared with the Nurse/Project Coordinators. House-to-house visits "target" high risk couples, i.e. no method, pregnant, pre- and post-partum and post-abortion, withdrawal users. Individual client cards are maintained. The nurse/Project Coordinators collect referral cards from referral points and therefore may record the outcome of referrals.
- Each Monday, the community workers prepare their schedule of house visits for the week which is documented on a form. Their accomplishments and outcomes of house visits (e.g., IEC only, provision of a method, referral, etc.) are reviewed with the Nurse/Project Coordinators every Friday afternoon. Refresher training and role playing for problem solving is also scheduled every Friday. In addition to these twice weekly meetings with all community workers, the Nurse/Project Coordinator at the Gungoren clinic meets individually with community workers in the afternoons.
- The Nurse/Project Coordinators conduct "spot checks" of the community workers' performance at least once per month. They select 20 client cards at random and visit the households.
- As noted above, the Project collects data on the number of house visits, users by methods, referrals, etc. and uses this data for work plan review/adjustment, program monitoring and supervision, and routine reporting to the TFHPF Central Office. It also maintains data on the quantity of commodities provided to and distributed by the community workers on a weekly basis.

The community workers are re-supplied on a weekly basis. The community workers have adequate support materials for their IEC activities, including a special comprehensive FP brochure developed by the Medical Coordinator for the Project, method specific materials developed

previously by the TFHPF, RH materials (e.g., tetanus brochure), and a flip chart prepared by the MOH. The Medical Coordinator also developed a booklet on how to use communication materials.

A quick review of the clinics' record-keeping system was conducted. The clinics maintain standard medical files for each patient, which includes medical history, doctors notes, referral data, etc.

The Gungoren clinic is maintaining written data on the number of referral cases resulting from the Safe Motherhood Project's activities on a daily basis.

Aside from specialized IEC materials developed or under development for the TFHPF's past and current projects—factory and migrant workers project, Safe Motherhood and Reproductive Health Network—large scale IEC activities are not currently being pursued due to lack of funding and strategic support from donors, lack of staff, and time.

With respect to evaluation, as noted above, the Medical Coordinator is collecting and using data from his projects to assess and document the impact of project activities. The Foundation has lots of data and information recording the impact of its Social Marketing Program, for example. Such data is included in its Annual Report of Activities. Other special reports, if any, were not reviewed.

### *Strengths*

- Frequent review and discussion of progress and constraints in the implementation of program activities through meetings among the Executive Director, Medical Coordinator, and Director of the FP Department, and between the Medical Coordinator and his field-based staff.
- Strong systems at the Safe Motherhood Project' level, e.g., community worker recruitment criteria and supervision system, including "spot checks", regular meetings with community workers and refresher training, data collection and use of data, maintenance of records on commodities available and distributed, and reporting.
- Strong support systems for the community workers, including refresher training and IEC materials.

- Written training curricula are developed by technically qualified staff, and use of local training resources to supplement TFHPF staff.
- Review of service statistics data and other data reported by field-based projects.
- Use of baseline surveys to help guide program activities, and to evaluate the impact of project activities.
- Formal project management systems, e.g., Safe Motherhood Project, which may be replicated for rapid start-up of similar projects elsewhere in the country, particularly with the technical involvement of the Medical Coordinator who is highly competent and knowledgeable.
- High standards for quality of care are valued by all TFHPF Central Office and field-based staff.

#### *Areas for Improvement and Recommendations*

- The TFHPF is considering expanding its clinical and field-based activities. As such, systems which are lacking or which are currently informal will become more critical. If service delivery projects continue to expand in scope and geographic coverage, project management and quality assurance procedures should be further systematized, through the introduction of a written procedures manual for collection and reporting of service delivery activity data, supervision schedules and expectations, and a checklist or at least written organization-wide standards for service delivery projects. If not already done, the Medical Coordinator should write follow-up letters to field-based projects documenting strengths and weaknesses in project activities and clinical quality.
- Since the Safe Motherhood Project activities are new, it is recommended that in these initial few months of operation, the Nurse/Project Coordinator at the Fikirtepe clinic meet with the community workers on an individual basis, if not daily, then more frequently than twice per week.
- If funding for the Safe Motherhood Project continues next year, it is recommended that target catchment areas shift to other areas which are accessible to the TFHPF's clinics as well as MOH Health Units, etc.



## C. FINANCIAL SUSTAINABILITY

### 1. **Accounting and finance systems**

Every year there is an annual report with a detailed income and expense report, a balance sheet, and a description of changes from past to future year. The Director of Accounting and Finance is a highly qualified individual with many years of experience in the field. This is particularly important, since the "finance" responsibilities include overseeing investments which are not only significant in number, but are earmarked for eventual inclusion in the formation of an endowment fund that TFHPF would like to set up (to be discussed further in the sustainability section).

#### *Strengths*

Qualified accountant/fiscal officer who has developed a system that is highly centralized.

#### *Areas for Improvement and Recommendations*

- The income and expense reports are formulated in a non-programmatic manner. Therefore, it is difficult to tell on a timely basis how any given program, such as the clinics/projects, are functioning on a monthly basis. Income and expense reports by program, and for the organization as a whole, are prepared manually approximately once every quarter—whenever there is a BOD meeting. It would be desirable to have these reports prepared more frequently and on a timely basis, so they could be used by the program managers.
- The income and expense reports should also provide a variance report so that one can monitor the amount budgeted versus the actual amounts.
- Once the accounting system can provide timely reports on a programmatic basis, it would be important to have the project directors more actively involved in the monitoring of their income and expenses.
- The software accounting system appeared somewhat obsolete. It might be advisable to purchase a newer version which should cost no more than \$200.

### 2. **Audits**

There is an external audit conducted for the entire organization every year; there were virtually no recommendations made for the past year. These reports were readily accessible by the finance officer. In addition, the annual reports were of the type of detail that created a feeling of confidence in the numbers.

### 3. Financial status and trends

The trends in financial sustainability can be seen in the following table:

#### TRENDS IN FINANCIAL SUSTAINABILITY

DONOR INCOME	1993	1994	1995	1996	1997
<b>USAID</b>					
–FUTURES	667,415	132,043	538,984	460,000	0
–JOHNS HOPKINS	17,450	0	0	0	0
<b>UNFPA</b>	84,689	7,000	93,000	0	0
<b>EU</b>	71,054	0	0	0	0
<b>TOTAL DONOR</b>	840,608	139,043	631,984	460,000	0
<b>TOTAL LOCAL INCOME</b>	804,753	592,115	456,471	887,058	987,058
<b>TOTAL INCOME</b>	1,645,361	731,158	1,088,455	1,347,058	987,058*
<b>TOTAL EXPENSES</b>	1,675,918	620,260	1,517,647	1,389,412	?
<b>LOC INC/TOT INC</b>	49%	81%	42%	66%	100%
<b>LOC INC/TOT</b>	48%	95%	30%	64%	?

1993 \$ = 14.385 TL      – 1993-1994 Actuals  
 1994 \$ = 38.250 TL      – 1995-1997 Donor Commitments - Local income  
 1995, 1996, 1997      estimates  
 \$ = 42.500 TL

\*Estimated by the MSH team; probably an underestimate

With respect to external donor funding, the Foundation has seen a substantial increase from 1994 to 1995—the increase is nearly 500%. It should be noted, however, that the donor funding received in 1995 is less than that previously received in 1993. Thanks to the amount of local income generated, TFHPF has been able to “cushion” some of the negative effects caused by such large increases and decreases in funding.

The TFHPF probably has one of the most diversified sources of income for an organization of its kind in Turkey. TFHPF is an organization with a clear social commitment and conscience, yet it knows that it must be run as a business if it is going to be both competitive and sustainable in the long run. Reference to the table on "Financial Sustainability" in Annex 3 demonstrates the variety of funding sources, which include external donors, donations, interest, revenues from card sales, social marketing, and donation for clinical services. For 1995, nearly 42% of all income is from local sources, and this covers over 30% of the total expenses of the Foundation. Local funding at the 30% level is usually considered the minimum standard acceptable, and TFHPF is comparable to the majority of other family planning organizations in other parts of the world.

The balance sheet of TFHPF can be seen in Annex 4. It indicates the success the Foundation has had in generating income from local sources and fund raising. They were approaching the one million dollar point in investment securities and fixed assets alone (US \$809,987) as of 1994. In addition, these same securities are already providing a significant source of additional local income.

The strong financial point is that TFHPF expects to be "self-sustaining" up to 64% by the year 1996. The unknown variable is how much it can expect to receive from current external donors after 1996. One of the ironies is that sometimes the apparently wealthiest and most capable organizations have the hardest time getting external donations. However, TFHPF expects extensions of their programs with the UNFPA and EU; this seems a reasonable assumption.

#### **4. Specific strategies for financial sustainability**

Even though the TFHPF is currently in process with the development of its three year strategic plan, it has clearly identified and narrowed down three basic strategies it would like to pursue to becoming more financially independent. They are as follows:

Strategy #1 - Fund Raising. TFHPF is a veritable locomotive in fund raising. It is currently working on the goal to establish an endowment fund of US \$2 million by the end of 1995. As mentioned, the Foundation is actually over the US \$1 million net worth level already as of mid year 1995. It does appear likely that they will succeed in attaining the US \$2 million level within the next year.

Strategy #2 - Model Clinic. TFHPF's Gungoren clinic is an excellent example of how an NGO can work with a local municipality to acquire land, and then raise funds from other sources for the

building and equipment costs. The clinic is currently covering approximately 70% of its expenses from income received from clients and patients. The key factor here is that a pediatrician has been added to what was previously only a family planning and reproductive health clinic. This addition has helped to make this particular clinic nearly 50% more self-sustaining than the other TFHPF clinic, and the other two previous clinics the TFHPF used to operate outside of Istanbul.

One of the complications that had to be overcome in order to initiate this model clinic is that being a non-profit organization, the TFHPF can not "charge" for services, nor can it generate a profit. It therefore accepts tax deductible donations for its services. The level of donations is set at the minimum acceptable fee to be charged by the National Association of Physicians. In this way, the clinic is able to generate a significant amount of income by delivering primary health care services, yet it does not compete with the private medical sector. All donations are used to cover the cost of the clinics as a group, and hence there is no actual profit generated.

Following discussions with TFHPF concerning future potential directions for expanding model clinic services, it was apparent that it would be best to first add services to the Gungoren clinic versus considering opening an entirely new clinic.

Strategy #3 - Social Marketing. The social marketing program is probably an international model of success. At the moment, TFHPF is receiving a minimum of \$45,000 US a year from this joint venture with the largest national pharmaceutical company in the country. This annual income is expected to significantly increase over time. Starting a social marketing program in any country is not a small challenge, but Turkey presented a number of legal, political, and social barriers for the TFHPF that had to be addressed before even considering launching a social marketing program.

To begin with, there was the political and social decision that the TFHPF Board of Directors had to address even before doing a feasibility study. To the Board's credit, it was decided to take the risk of potentially diminishing the image of the organization and initiate a full-scale national social marketing program.

Secondly, there was the legal issue prohibiting a not-for-profit organization to charge for services and/or generate any type of profit. The TFHPF turned this constraint around to their favor by forming the equivalent of a joint venture with one of the largest pharmaceutical enterprises, Eczacibasi. Since the pharmaceutical company was a for-profit company, it was possible for the TFHPF to charge for the condoms. More importantly, Eczacibasi provided the built-in distribution system so important for succeeding in this field.

Thirdly, there were the social barriers that had to be faced in a predominantly Muslim country. TFHPF addressed this challenge by hiring the marketing research and advertising firm of RPM/Radar, CDP Europe Inc. After several months of market research and strategy discussions, the "OK" condom was born in 1992. The advertising campaign began with newspaper ads, followed by television ads for the first time in the history of Turkey. This advertising campaign would have fallen flat were it not for the prior planning that enabled this venture to see that the "OK" condoms were simultaneously available in over 13,000 outlets, which resulted in the sale of 1.3 million condoms during the first two months of the program.

The social marketing program has also provided the TFHPF with the additional benefit of more public awareness of the Foundation's services. The "OK" condom ads can be found almost anywhere in Turkey, including the rally team in the Turkish Cup Races, on shirts of the number one football league of Turkey shown on television during the Presidential Cup Playoffs, the opening cocktail of the 8th International Congress of Medical Students, and a host of other activities and events.

What makes this program different is that the "OK" condom presented a serious image to the public, and as a result, TFHPF and "OK" have become synonymous with high quality and community service. Future strategies for condom use and promotion for AIDS are also being considered, but a condom with a different name will probably be used for this promotion.

## **VI. RECOMMENDED NEXT STEPS**

1. As with all of the family planning organizations in Turkey, it would be desirable to get commitments from external donors for a longer time period, so that they are not dependent on two-year time frames. TFHPF is aware of this, and it has the "endowment cushion" it has developed as well as the social marketing contributions which enable planning for longer time periods. Taking this one step further for future sustainability is precisely the Foundation's primary purpose in developing the three-year strategic plan as well as increasing the endowment fund.
2. Expansion of the mix of services offered at the Foundation's clinics in order to experiment with increasing this base of revenue is an important next step. The TFHPF plans to concentrate this activity at the Gungoren clinic and use this clinic as a pilot test to add other revenue generating services. It is recommended that the TFHPF consider services such as general practice, specialty services such as dermatology and dentistry, and expansion of the laboratory. It was agreed that it would be more desirable to develop this clinic fully before considering expanding the actual number of clinics.

A next step which would assist them with this strategy is to learn about the experience of other NGOs' in other countries who have had several years of experience in this field. Provision of technical assistance by one or more NGOs would be a natural next step and is strongly recommended.

3. The development of the endowment fund in order to be able to provide security to key staff who can plan and coordinate future and/or new activities is a unique and comparatively innovative direction to take for a NGO that receives external donor funds. The only other example of a family planning NGO funded by USAID to do this is PROFAMILIA in Colombia. After three years of planning and implementation, PROFAMILIA just received their final portion of USAID monies to complete the principal of their endowment fund. PROFAMILIA has a wealth of experience that could, and should be shared with the TFHPF on this subject. For example, in the case of PROFAMILIA, there were restrictions on how and where the money could be invested. In retrospect, this has resulted in a lower return on their investment. More importantly, the operating budget of PROFAMILIA is so large, that even an endowment fund of several million U.S. dollars earning 10% a year will only provide up to a maximum contribution of one or two percent of their entire operating budget.

TFHPF on the other hand, has no restrictions on how they can invest the money, and the size of their current operating budget, which is averaging approximately USD \$1.5 million, can be significantly impacted by an endowment fund of USD \$2 million.

One hopes that external donors will see the merits of contributing to such a program. Although donations of this type do not offer immediate services to the public, it is a long-sighted way to contribute to the future of a family planning program in an environment that may be facing proportionately less funding for these activities.

## ANNEX 1

### Individuals Contacted

#### Turkish Family Health and Planning Foundation

Mr. Yasar Yaser, Executive Director  
Dr. Enis Balkan, Medical Coordinator  
Ms. Nurcan Muftuoglu, Director of Family Planning Department  
Prof. Dr. Baran Tuncer, Member of Board of Directors  
Ms. Ayse Cakmak, Nurse-Safe Motherhood Project Coordinator, Gungoren Clinic  
Ms. Remziye Uzeklerglu, Community Worker, Safe Motherhood Project, Gungoren Clinic  
Nurse-Safe Motherhood Project Coordinator, Fikirtepe Clinic  
Prof. Dr. Selcuk Erez, Board of Directors

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### Schedule of Meetings

<b>12 June</b>	Team meeting with Executive Director, Medical Coordinator and Director of FP Department
<b>15 June</b>	Meetings with Medical Coordinator and Director of FP Department (Ellis)  Meeting with Finance Director and Executive Director (Brooks)
<b>16 June</b>	Field visit to Safe Motherhood Project and Fikirtepe Clinic (Ellis)  Meeting with Executive Director (Brooks)
<b>19 June</b>	Meeting with Executive Director (Ellis)
<b>20 June</b>	Meeting with Executive Director, Finance Director, and Board Members (Brooks)  Field visit to Safe Motherhood Project and Gungoren Clinic (Ellis)  Final debriefing with Executive Director, Medical Coordinator, and Director of FP Department (Brooks/Ellis)



## ANNEX 2

**Table: Source and Value of Commodities, and Fees Charged**

Please complete information in the appropriate boxes for your organization.

TYPE OF SERVICE	Source and Value of Commodities (Place a ✓ in the appropriate box for the source, and indicate the value)			Fee for service charged by your organization?  (Circle the appropriate answer)
	Your Organization	MOH	Private Sector	
Oral Contraceptives	✓	✓	✓	Yes No ✓
Injectibles		✓		Yes No
Implants		✓		Yes No
IUDs	✓	✓	✓	Yes No ✓
Sterilization: Male Female		✓ ✓		Yes No Yes No
Spermicides	✓		✓	Yes No ✓
Condoms	✓	✓	✓	Yes No ✓
Diaphragms, Caps				Yes No
Natural Family Planning: Counseling Education	✓			Yes No Yes No
Infertility: Diagnosis Treatment			✓ ✓	Yes No Yes No
STDs: Diagnosis/Treatment Screening only	✓	✓	✓	✓Yes No Yes No
FP/Reproductive Health Counseling Education				Yes No ✓ Yes No ✓
Other Reproductive Health Services (please specify)				Yes No
• Pap smear •	✓		✓	✓ Yes No
• Breast exam	✓			✓ Yes No

**Table: Trends in Contraceptive Acceptance**

Please provide the annual objective by method, and the total number of acceptors and total number of referrals for each method, by year.

TYPE OF SERVICE		1993			1994			1995 Year to Date (5 mo.)	
	Objective	Acceptor	Referral	Objective	Acceptor	Referral	Objective	Acceptor	Referral
Oral Contraceptives		720			820			900	
Injectibles									
Implants									2
IUDs		1,700			1,850			1,550	1
Sterilization: Male Female			10 8			10 15			3 10
Spermicides		250			10			295	
Condoms		1,200			2,150			2,250	
Diaphragms, Caps									4
Natural Family Planning: Counseling Education		1 1			2 2			1 1	
Infertility: Diagnosis Treatment		46	23		31	18		26	20
STDs: Diagnosis/Treatment Screening only		503	2		582 2	2		133	

TYPE OF SERVICE		1993			1994			1995 Year to Date (5 mo.)	
	Objectiv e	Accepto r	Referral	Objectiv e	Accepto r	Referral	Objectiv e	Accepto r	Referral
FP/Reproductive Health Counseling Education		1,356* 19,750**			1,750* 5,500**			900* 10,750***	
Other Reproductive Health Services (please specify) • • •									

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TFHPF's clinics only

Migrant Workers project

CBD project

**Table: Personnel Providing Services**

Who is authorized by your organization to provide family planning and other reproductive health services? Please place a ✓ in the appropriate column if your organization currently provides and/or funds the delivery of the service.

TYPE OF SERVICE	MEDICAL DOCTOR	NURSE	MIDWIFE	PARAMEDIC	COMMUNITY WORKER
Oral Contraceptives	✓	✓			✓
Injectibles					
Implants					
IUDs	✓	✓			
Sterilization: Male Female					
Spermicides	✓	✓			✓
Condoms	✓	✓			✓
Diaphragms, Caps					
Natural Family Planning: Counseling Education	✓	✓			
Infertility: Diagnosis Treatment	✓				
STDs: Diagnosis/Treatment Screening only	✓	✓			
FP/Reproductive Health Counseling Education	✓ ✓	✓ ✓			✓ ✓
Other Reproductive Health Services (please specify)					
• Pap Smear	✓	✓			
• Breast Exam	✓	✓			
•					

**Table: Services Provided**

Please place a ✓ in the appropriate column for service delivery if your organization currently provides and/or funds the provision of the service.

TYPE OF SERVICE	CLINIC BASED	COMMUNITY DISTRIBUTION	IEC ONLY	REFERRAL TO OTHER SERVICE
Oral Contraceptives	✓	✓	✓	✓
Injectibles			✓	
Implants			✓	
IUDs	✓		✓	✓
Sterilization: Male Female			✓ ✓	✓ ✓
Spermicides	✓	✓	✓	✓
Condoms	✓	✓	✓	✓
Diaphragms, Caps				
Natural Family Planning: Counseling Education	✓ ✓			
Infertility: Diagnosis Treatment	✓			✓
STDs: Diagnosis/Treatment Screening only	✓			✓
FP/Reproductive Health Counseling Education	✓ ✓	✓ ✓		✓ ✓
Other Reproductive Health Services (please specify)				
• Pap Smear	✓		✓	
• Breast Exam	✓		✓	

**Table: Contraceptives Dispensed**

**1993 KONTRASEPTİF DAĞITIM DURUMU [1993 CONTRACEPTIVES DISPENSED]**





ORAL KONT	400	500	900	5,200	7,000
August 1995		Page 36		Turkish Family Health and Planning Foundation	

<b>RIA</b>	440	350	230	1,150	<b>2,170</b>
August 1995		Page 37		Turkish Family Health and Planning Foundation	

KONDOM	2,583	3,388	47,568	45,600	96,808
August 1995		Page 38		Turkish Family Health and Planning Foundation	

<b>KÖPÜK</b>	0	1,200	3,200	16,400	<b>20,800</b>
August 1995		Page 39		Turkish Family Health and Planning Foundation	

## 1994 KONTRASEPTİF DAĞITIM DURUMU [1994 CONTRACEPTIVES DISPENSED]

TYPE OF	GÜNGÖREN K	FİKİRTEPE	FABRİKALA	GÖÇER	TOPLAM

August 1995

Page 41

Turkish Family Health and Planning Foundation

ORAL KONT	400	3500	2,800	3,600	7,300
August 1995		Page 42		Turkish Family Health and Planning Foundation	

<b>RIA</b>	300	1,000	1,350	1,400	<b>2,850</b>
August 1995		Page 43		Turkish Family Health and Planning Foundation	



KONDOM	1,440	2,160	134,640	28,800	167,040
August 1995		Page 44		Turkish Family Health and Planning Foundation	

KÖPÜK	400	0	800	0	1,200
August 1995		Page 45		Turkish Family Health and Planning Foundation	



## ANNEX 3

**Table: Financial Sustainability**

Revenue Generating Activity	Annual Revenue Projected	Annual Expenses Projected	NET Revenue After Expenses	% of Total Revenue
1. Client Services a. Clinics b. Laboratories c. Other	32,941	219,059	-186,118	
2. Private Sector Activities Donation Interest Celebrity cards	2,353 305,882 96,471	35,294	2,353 305,882 61,177	
3. Reduction of Expenses		87,642	-87,642 current expenses	
4. Reduction of Services Provided		56,235	-56,235	
5. Partnerships with Other Organizations ITO (DON)	100,000		100,000	
6. Outside Consulting or Training				
7. Outside Donors  <b>Name and expiration date</b> UNFPA , 1996  <b>Name and expiration date</b> The Futures Group, 1997	93,000  539,000	93,000  539,000	—  —	
8. Selling Technical Products (software, manuals, books)				
9. Commercial Marketing (sales from contraceptives, etc.)	45,000		45,000	
10. Fund Raising Fund raising campaign	2,080,000		2,080,000	
11. Other				
<b>TOTAL</b>	<b>3,294,647</b>	<b>1,030,230</b>	<b>2,264,417</b>	

## ANNEX 4

### Balance Sheet

Turkish Family Health and Planning Foundation

1994

USD

ASSETS	AMOUNT	LIABILITIES	AMOUNT
CASH	255,152	CUMULATIVE DEPRECIATION	893,888
SECURITIES	737,393	OTHER LIABILITIES	24,094
RECEIVABLES	21,601	TAXES DUE	15,942
FIXED ASSETS AND BUILDING	72,594	EARNED SURPLUS	122,815
CONTINGENT ASSETS	9,262	CONTINGENT ASSETS	9,262
TOTAL	\$1,066,001	TOTAL	\$1,066,001